MARYLAND STATE DEPARTMENT OF HEALTH

12367

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Majie; (Middle) I.; (Last) Gray.

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1952

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 9-18-1901

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Major Emerson

14. MOTHER'S MAIDEN NAME: Amy Emerson Reed.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Annie Emerson Owings, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral accident

3317 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 19 49, to 11/10, 19 52, that I last saw the deceased alive on 11/6, 19 52, and that death occurred at 9 45 P m., from the causes and on the date stated above.

SIGNATURE: R. Weems. (Degree or title) MD ADDRESS Huntingtown Md DATE SIGNED 11/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11-13-52

NAME OF CEMETERY OR CREMATORY Mt. Hope

LOCATION (City, town, or county) Sunderland (State) Md

DATE REC'D BY LOCAL REG. 11-12-52

REGISTRAR'S SIGNATURE R. W. Ward

24. FUNERAL DIRECTOR ADDRESS P. E. Sewell Prince Frederick, Md

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BUREAU V. S.

12368

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach. Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) U. (Last) Gross.
4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 1952

5. SEX F
6. COLOR OR RACE C
7. SINGLE, (MARRIED,) WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 2-22-24
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lawrence Reid
14. MOTHER'S MAIDEN NAME Leary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mervin Gross. Chesapeake, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ventricular fluttering (?) (Sudden death)

241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due Bronchial asthma

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 19....., to Nov 20, 1952, that I last saw the deceased alive on Nov 20, 1952, and that death occurred at 10:30 m., from the causes and on the date stated above.

SIGNATURE Robt Williams (Degree or title) M.D. ADDRESS St Leonard DATE SIGNED 11/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-24-52
NAME OF CEMETERY OR CREMATORY St Edmonds
LOCATION (City, town, or county) (State) Calvert Co., Md

DATE REC'D BY LOCAL REG. 11-24-52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell Prince Frederick Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 416

RECEIVED
NOV
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12369

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Williams

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: Nov. 19, 1952

9. AGE Last birthday: ✓ yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 12 Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prince Fred. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stanley Albert Williams

14. MOTHER'S MAIDEN NAME: Sarah Sturdevant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Father, Stanley A. Williams West Beach, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

776x Immediate cause (a) Prematurity — (5 months)

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1952, to Nov 29, 1952, that I last saw the deceased alive on Nov 19, 1952, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas Clements ADDRESS St Leonard DATE SIGNED 11/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-20-52

NAME OF CEMETERY OR CREMATORY Mt. Harmony

LOCATION (City, town, or county) (State) Mt Harmony - Calvert - Md

DATE REC'D BY LOCAL REGISTRAR 11-20-52

REGISTRAR'S SIGNATURE R. W. Ward

24. FUNERAL DIRECTOR Stanley Williams ADDRESS West Beach Md.

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VS A15

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NOV 24 1952
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